

## NORTH STAFFORDSHIRE LPC EXPENSE CLAIM FORM

<b>Name:</b>	
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<b>Address:</b>	
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<b>Tel / Email:</b>	
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### Sundry Expenses

<u>Date</u>	<u>Description of Expense</u>	<u>Amount</u>	<u>Receipt?</u>
<b>Total:</b>			
<b>Cheque payable to:</b>			

### Locum Expenses

<u>Date</u>	<u>Purpose, Hours and Hourly Rate</u>	<u>Amount</u>	<u>Receipt?</u>
<b>Total:</b>			
<b>Cheque payable to:</b>			

I declare that the expenses claimed have been incurred whilst on LPC business and are the responsibility of no other body.

<b>Signature:</b>	<b>Date:</b>	
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**Please submit completed forms together with any available receipts to the Treasurer.**

#### ***Policy on Expense Claims***

*All claims must be made in accordance with the LPC's agreed policy.*

e-Form 02/08